

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12/19/03.

## I. DISPUTE

Whether there should be additional reimbursement for L1499.

## II. FINDINGS

The respondent reduced payment based on “M-In order to review this charge we need a copy of the cost to the provider” and “M-Denied as previously paid at fair and reasonable”.

## III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
02/07/03	L1499	\$175.00	\$50.00	M	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX  Section 413.011 (b)	The requestor did not provide redacted EOBs from insurance carriers that support amount billed as fair and reasonable. The requestor did not support a need for a change in the reimbursement. Additional reimbursement is not recommended.
<b>Totals</b>		\$175.00	\$50.00				The Requestor is not entitled to reimbursement.

## IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 28<sup>th</sup> day of May 2004.

Laura L. Campbell  
Medical Dispute Resolution Officer  
Medical Review Division

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